

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10551618

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12			1			
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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←	9	←	←	←	←
TOTAL CLAIMS		10				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓	↓	↓	↓	↓
TOTAL DEP.	←	←	←	←	←	←
TOTAL CLAIMS						